

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213552737				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Ellucian Support Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: F1027616</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
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COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4 COUNTRY VIEW RD</p> <p style="text-align: center;">CITY/ST/ZIP: MALVERN, PA 19355</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN F SPEER, III TITLE: PRESIDENT ADDRESS: 4375 FAIR LAKES COURT CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN F SPEER, III TITLE: PRESIDENT ADDRESS: 4375 FAIR LAKES COURT CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	Bruce R. Bleiman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Darren L. Wesemann	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Jack A. Kramer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Jorge Green	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Mark D. Jones	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4375 Fair Lakes Court		
CITY/ST/ZIP/CO:	Fairfax, VA 22033		
NAME:	Michelle L. Reed	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Michael H. Wallesen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Peter J. Catalano	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ Asst. Treas		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Toby Williams	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4375 Fair Lakes Court		
CITY/ST/ZIP/CO:	Fairfax, VA 22033		
NAME:	Susan L. Stern	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		
NAME:	Valerie L. Mead	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4 Country View Road		
CITY/ST/ZIP/CO:	Malvern, PA 19355		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joshua E. Dietrich VICE PRESIDENT 4375 Fair Lakes Court Fairfax, VA 22033	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES D BENNETT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES D BENNETT, Sr. VP/Asst Sec _____ PRINTED NAME AND CORPORATE TITLE	12/27/2012 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			